HEALTH EQUITY MATTERS
HIV. LGBTIQA+. COMMUNITIES.

Inquiry into gender equality as a national security and economic security imperative

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Health Equity Matters is the national federation for Australia's leading HIV and LGBTIQA+ organisations. We are recognised both globally and nationally for the leadership, policy expertise, health promotion, coordination and support we provide.

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Health Equity Matters' role in Australia and the region.

Health Equity Matters is the national federation representing Australia's leading HIV and LGBTIQA+ organisations. We work to end HIV transmission and reduce its impact on communities across Australia, Asia, and the Pacific. Since the beginning of the epidemic, people living with HIV, gay and other men who have sex with men, sex workers and people who inject drugs have led peer-driven responses that have shaped Australia's success and contributed to one of the fastest declines in HIV notifications worldwide. For more than thirty years, we have partnered with community leaders, key population networks, technical partners, and governments across the Indo-Pacific to strengthen rights-based, community-led HIV responses and advance the shared goal of ending HIV by 2030.

Focus of this submission.

Health Equity Matters' submission emphasises the importance of preventing and managing HIV, as it is crucial to Australia's economic and national security. Infectious diseases such as HIV can cause significant social and economic harm, and regional outbreaks highlight the need for effective, coordinated preparedness and response. Australia's national and economic security is closely linked to health stability in the Indo-Pacific. Rising HIV rates in parts of Southeast Asia and the Pacific intersect with gender inequality, weak health systems and criminalisation, leading to poorer maternal health outcomes, reduced economic participation and increased household vulnerability. These pressures compound climate, employment and social stresses, creating downstream humanitarian, health, and mobility pressures that ultimately fall on Australia, with significant long-term fiscal and security implications. Investing in gender-responsive, community-led HIV responses in neighbouring countries is therefore a preventative national and economic security measure.

This submission emphasises that gender equality is central to effective HIV responses and an integral missing link to maintaining national security and economic imperatives. Addressing structural and social inequalities enhances the overall capacity of health systems to respond to HIV and other infectious disease threats, which in turn supports economic growth, national stability, and regional resilience.

Our key recommendations.

Recommendation 1:
Australia should strengthen support for HIV programs in the Indo-Pacific with a focus on community-led programs and incorporate a focus on gender equality and social inclusion, addressing the specific needs of women, girls, transgender people and key populations.

Recommendation 2:
Australia should strengthen support for HIV programs in the Indo-Pacific to embed community-led mechanisms that identify and address stigma, discrimination and other access barriers within health services, particularly for women, girls and key populations, as a means of advancing gender equality and improving health system effectiveness.

Recommendation 3:
Australia should boost support for locally-led organisations working to eliminate punitive laws and strengthen protective legal and policy environments in the Indo-Pacific, recognising that fair access to HIV services and

progress on gender equality cannot be achieved while criminalisation, discrimination, and legal barriers remain in place.

Recommendation 4:
Australia should strengthen its investment in locally-led and community-led organisations working with key populations across the Indo-Pacific and support their efforts to integrate gender equality and social inclusion into HIV program design and delivery, recognising that sustainable progress depends on strong, well-resourced community leadership.

1. Our Expertise: We have extensive experience implementing HIV programs in the Indo-Pacific region.

Based in Australia, Health Equity Matters maintains an office in Bangkok to support its regional work across Asia and the Pacific. As Principal Recipient for Global Fund–supported programs, including the Sustainability of HIV Services for Key Populations in Southeast Asia (SKPA) Phases I and II and SKPA-2 (2022–2027), valued at approximately AUD 19 million (USD 12.5 million), Health Equity Matters works with partners in Bhutan, Malaysia, Mongolia, Sri Lanka and the Philippines to strengthen sustainable, community-led HIV responses for key populations. In parallel, Health Equity Matters is implementing the AUD 12 million Indo-Pacific HIV Partnership under DFAT's *Partnerships for a Healthy Region* initiative, in collaboration with the UNAIDS Regional Office for Asia and the Pacific, supporting national HIV responses in Papua New Guinea and Fiji. Drawing on Australia's internationally recognised HIV response, this work translates lessons in community leadership, rights-based programming and effective partnership with government into diverse national contexts, demonstrating how targeted, community-led investment can improve gender equality outcomes, strengthen health system resilience, and deliver durable national and regional security benefits.

Health Equity Matters' experience demonstrates that community-led HIV responses deliver impact relative to the size of the investment. We reach, engage and retain programs for the most vulnerable and marginalised communities that are otherwise excluded from formal health systems and cannot be reached without community leadership. Our strategic approach improves service uptake, strengthens gender equality outcomes and reduces the need for costly downstream interventions. This makes community-led HIV responses a highly cost-effective investment in health system resilience, economic participation, and long-term regional stability.

2. Gender equality as a driver to help end HIV transmission.

Gender inequality continues to be a key factor in HIV vulnerability across the Indo-Pacific. Gender influences power, autonomy, and access to resources, and those who do not conform to prevailing gender and sexual norms often face exclusion, stigma and discrimination. These dynamics directly affect who is most at risk of HIV and who can safely access prevention, testing and treatment. When gender inequality limits access to HIV prevention and treatment, the resulting health disparities reduce economic participation, weaken health system resilience and increase long-term public expenditure.

These forms of exclusion are not experienced in isolation. Across the region, individuals often face overlapping barriers linked to gender norms, sexuality, gender identity, migration status, disability, ethnicity, poverty and

restrictive laws. This intersection of inequalities determines who is most exposed to HIV and who is left behind by national health systems.

Key populations, including gay and other men who have sex with men, transgender people, sex workers, people who use drugs and people living with HIV, continue to carry a disproportionate burden of new infections, reflecting the broader influence of social and structural inequity.

Legal and policy environments further influence these outcomes. Many Indo-Pacific countries lack comprehensive anti-discrimination protections and maintain punitive laws criminalising same-sex activity, diverse gender identities, sex work, drug use or HIV exposure. These laws reinforce stigma, discourage access to services and weaken efforts to achieve gender equality and effective HIV responses.

Embedding gender equality in HIV programs is therefore not only a matter of rights but essential to achieving impact. When services are designed with the needs of key populations in mind, access increases, treatment outcomes improve and health systems become more resilient. The sections that follow examine the most significant barriers to gender equality in the HIV response and outline where targeted action is needed:

- How gender inequality and intersecting exclusions increase HIV risk.
- How stigma and discrimination hinder access to services.
- How legal and structural barriers hinder equitable outcomes.
- Why local and community-led leadership is essential for progress.

3. Key challenges and priority recommended actions

3.1 Gender inequality and intersecting forms of exclusion heighten HIV risk.

Gender inequality remains a major driver of HIV vulnerability in the Indo-Pacific. These gendered dynamics intersect with other forms of marginalisation experienced by key populations. As a result, HIV transmission continues to be concentrated among key populations facing the greatest inequality: in 2024, men who have sex with men accounted for 32% of new HIV infections in the region, people who inject drugs 35%, sex workers 14% and transgender women 7%.[1]

Many key populations face stigma, legal discrimination, poverty, migration-related barriers, disability-related exclusion and entrenched social norms that restrict their autonomy. These intersecting inequalities shape who is most at risk of HIV, who can safely access services and who is consistently excluded from national HIV responses.

Recent findings from Health Equity Matters' Gender Equality, Disability and Social Inclusion (GEDSI) analysis in Bhutan, Malaysia and Sri Lanka show how harmful attitudes and cultural beliefs continue to restrict women's sexual and bodily autonomy. Conservative norms around premarital sex, condom use, gender roles, sexuality, drug use and sex work can discourage women and girls from seeking information or services, creating additional barriers to effective HIV prevention and care. Women living with HIV may face judgement or

[1] Asia and the Pacific regional profile — 2024 global AIDS update The Urgency of Now: AIDS at a Crossroads.

rejection from families and communities, which reduces treatment adherence and their willingness to seek care. Partners, family expectations and cultural or religious norms often influence these attitudes. Women also experience higher levels of stigma, especially those with partners who are men who have sex with men or who use drugs.

Throughout the region, transgender people and gay and other men who have sex with men face significant health inequities linked to violence, stigma, discrimination and unsupportive legal and policy environments. In Pacific island nations, young same sex attracted individuals often struggle to access sexual and reproductive health information due to judgmental healthcare providers and conservative cultural pressures. Men who have sex with men may feel compelled to conceal their sexual identity and avoid services because of criminalisation or social disapproval, especially in contexts where masculinity norms discourage help-seeking. This can affect relationships, limit openness about sexual behaviour and hinder safe sex negotiation.

The broader regional evidence reflects these trends. According to the 2024 UNAIDS Global AIDS Update for Asia and the Pacific[2], substantial proportions of sex workers, gay and other men who have sex with men, people who inject drugs and transgender people avoided healthcare in the previous year due to anticipated stigma. By way of example, recent experiences of discrimination remain high, affecting 7% of sex workers, 9% of gay and other men who have sex with men, 36% of people who inject drugs and 60% of transgender people in the past six months. Violence is also a pressing concern, with 9% of sex workers, 6% of gay and other men who have sex with men, 20% of people who inject drugs and 27% of transgender people reporting physical or sexual assault over the past year.

Health Equity Matters applies a GEDSI approach across its Indo-Pacific programs to address these intersecting inequalities. This approach recognises that individuals hold multiple identities that influence how they experience health systems, community norms and legal environments. By embedding GEDSI principles into program design and delivery, Health Equity Matters supports partners in identifying barriers affecting women and girls and key populations, strengthening organisational policies and practices, and developing inclusive, rights-based HIV responses.

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3.2. Stigma and discrimination continue to marginalise key populations and hinder progress toward gender equality in the HIV response.

Gay and other men who have sex with men, transgender people, sex workers, people who use drugs, and people living with HIV often avoid healthcare services because of fears of discrimination, social judgement or violence. These experiences are influenced by gender norms that favour certain identities while devaluing others and by expectations that restrict women's and girls' autonomy over their health, safety and mobility.

[2] Asia and the Pacific regional profile — 2024 global AIDS update The Urgency of Now: AIDS at a Crossroads.

Through our SKPA-2 program, key populations have reported serious incidents when accessing health services of stigma and discrimination, violence, harassment and breaches of privacy and confidentiality.[3] We have recommended numerous strategies to address these issues, including health care worker training, the development of zero-tolerance policies, options for reporting serious incidents and the implementation of follow-up procedures.

Discrimination often overlaps and worsens for specific groups. Women sex workers, young women living with HIV, and transgender women face combined pressures related to gender, occupation, sexuality or gender identity. These barriers make it harder to access testing and treatment, negotiate safe sex or maintain economic independence. Violence, coercion, and the threat of social or family rejection remain significant obstacles, especially for young women, transgender people and gay and other men who have sex with men who already have limited access to trusted services. Criminalisation and restrictive laws can exacerbate these challenges, as discussed in the following section.

A more gender-equitable HIV response recognises the experiences of key populations. It ensures that women, girls and transgender people can safely and fully participate in prevention, testing, treatment and advocacy. When social and gendered barriers are lowered, people access services earlier and more regularly, reducing disparities in HIV outcomes.

> ***Recommendation 2:***
> ***Australia should strengthen support for HIV programs in the Indo-Pacific to embed community-led mechanisms that identify and address stigma, discrimination and other access barriers within health services, particularly for women, girls and key populations, as a means of advancing gender equality and improving health system effectiveness.***

3.3. Legal and structural barriers to gender equality and HIV outcomes

Laws and policies across the Indo-Pacific continue to pose significant barriers to gender equality and equitable HIV outcomes. The criminalisation of same-sex sexual activity, sex work, and drug use exposes key populations to surveillance, harassment and arrest. These laws often intersect with weak or underfunded health systems, limited legal protections and discriminatory social norms.

In Papua New Guinea, for example, offences related to “sexual acts between males” contribute to widespread fear of disclosure and discourage men who have sex with men and transgender people from accessing HIV testing or prevention services. In Fiji, although same-sex sexual activity has been decriminalised, sex workers and transgender individuals continue to face harassment and violence that hinder their ability to seek care safely, illustrating the impact of legal gaps even where punitive laws have been reformed. Gender-based violence is prevalent among young girls and adult women, with some of the highest rates worldwide. Gender-based violence and HIV/AIDS are interconnected pandemics. Women living with HIV face increased risks of violence due to stigma and those who experience violence are more likely to contract HIV.

[3] Health Equity Matters. Community Led Monitoring Serious Incident Management and Response, SKPA-2 Learning Brief, January 2025.

These legal environments are part of a broader set of structural barriers, including restrictive policies, service gaps, and the absence of rights-based approaches within health systems. Laws criminalising drug use prevent people who inject drugs from accessing harm reduction services without fear of legal repercussions. Police harassment of sex workers restricts their mobility and makes it harder to maintain continuity of care. Age-of-consent requirements for sexual and reproductive health services also limit adolescent girls' access to HIV testing and contraception, impeding their ability to make decisions about their own health and safety. When legal systems do not recognise their gender identity, transgender people face even greater barriers and reinforce mistrust of healthcare providers.

There is an acknowledgment of the need to address these barriers. International strategies highlight reducing the number of countries with punitive laws and lowering the percentage of people living with or affected by HIV who face stigma, discrimination or gender-based violence. Achieving these aims is essential to ensure fair access to HIV prevention, testing and treatment, and to fulfil the broader commitments to gender equality and human rights that Australia supports through its development policy and international partnerships.

> ***Recommendation 3:***
> ***Australia should boost support for locally-led organisations working to eliminate punitive laws and strengthen protective legal and policy environments in the Indo-Pacific, recognising that fair access to HIV services and progress on gender equality cannot be achieved while criminalisation, discrimination, and legal barriers remain in place.***

3.4 Promoting gender equality through local and community-led initiatives.

Community-led and locally-led approaches are vital for effective HIV responses, especially in environments where gender inequality, social stigma and punitive legal frameworks hinder access to healthcare. Programs created and delivered by people from affected communities are more trusted, more inclusive and better equipped to address the intersecting forms of discrimination faced by key populations.

Organisations led by gay and other men who have sex with men, transgender people, sex workers, people who use drugs and those living with HIV bring vital lived experience that enhances service quality and ensures programs challenge harmful gender norms rather than perpetuate them. This approach also creates more leadership opportunities for women and key populations, whose perspectives remain underrepresented in national HIV planning and decision-making.

Health Equity Matters partners with organisations in Papua New Guinea and Fiji to strengthen leadership, governance and organisational systems of key populations and HIV-led networks. By supporting the Key Population Advocacy Consortium (KPAC) in Papua New Guinea and the Pacific Sexual and Gender Diversity Network (PSGDN) in Fiji, the program enhances the capacity of community-led groups to advocate for their communities, contribute to national HIV strategies and provide inclusive services. This approach guarantees that key populations are genuinely represented in national responses and can influence policies and programs that impact them. The project was initiated based on evidence from organisational capacity assessments and consultations in both countries, which revealed governance, resourcing and representation gaps, as well as significant opportunities for expansion.

GEDSI principles are embedded throughout this work. A GEDSI analysis conducted during the inception of our DFAT-funded programs identified clear opportunities to help partners incorporate gender-transformative and

socially inclusive approaches into their work, including stronger roles for women and transgender leaders and increased engagement with ministries responsible for gender and social protection. This approach aligns with DFAT's priorities in the Indo-Pacific, especially its commitment to inclusive development, partnerships and gender equality.

Working with local community-led organisations also supports broader regional efforts by the Global Fund, UNAIDS and national governments to strengthen community systems. By basing the program on locally identified priorities, enhancing organisational capacity and positioning community networks as vital partners in national HIV planning, Australia can help create a more sustainable and gender-responsive HIV response.

> ***Recommendation 4:***
> ***Australia should strengthen its investment in locally-led and community-led organisations working with key populations across the Indo-Pacific and support their efforts to integrate gender equality and social inclusion into HIV program design and delivery, recognising that sustainable progress depends on strong, well-resourced community leadership.***

4. Conclusion

HIV remains a public health issue with clear implications for Australia's national and economic security. In parts of the Indo-Pacific, rising HIV rates are driven by gender inequality, stigma, criminalisation and weak health systems, which reduce workforce participation, increase pressure on families and public services, and undermine economic stability. Over time, these impacts contribute to broader health, social and humanitarian challenges that affect regional stability and impose long-term costs on Australia. Supporting gender-responsive and community-led HIV responses helps prevent these outcomes by improving access to services, reducing HIV transmission and strengthening local health systems, making this a practical and preventative investment in regional stability and Australia's long-term national interests.